



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2004 Rate Codes - Behavioral Health

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Applicable FARS/DFARS apply.

PROC	DESCRIPTION	RATE2004	EFFDATE
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	\$148.29	1-Apr-01
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL	\$154.10	1-Apr-01
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, OFFICE OR OUTPATIENT FACILITY, 20 TO 30 MINUTES	\$65.99	1-Apr-01
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE...WITH MED EVALUATION AND MGT SERVICES	\$73.93	1-Apr-01
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE...45 TO 50 MINUTES	\$99.72	1-Apr-01
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE ... WITH MEDICAL EVAL AND MGT SERVICES	\$106.99	1-Apr-01
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE...75 TO 80 MIUTES	\$150.21	1-Apr-01
90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE ... WITH MEDICAL EVAL AND MGT SERVICES	\$157.41	1-Apr-01
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE...OFFICE OR OUTPATIENT, 20 TO 30 MINUTES	\$73.15	1-Apr-01
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT...WITH MEDICAL EVALUATION AND MGT SERVICES	\$81.48	1-Apr-01
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE...45 TO 50 MINUTES	\$106.21	1-Apr-01
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT...WITH MEDICAL EVALUATION AND MGT SERVICES	\$113.41	1-Apr-01
90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE...75 TO 80 MINUTES	\$152.90	1-Apr-01
90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT...WITH MEDICAL EVALUATION AND MGT SERVICES	\$159.36	1-Apr-01
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, INPATIENT, PARTIAL, RESIDENTIAL...20 TO 30 MINUTES	\$68.63	1-Apr-01



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90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE...WITH MED EVALUATION AND MGT SERVICES	\$76.20	1-Apr-01
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, INPATIENT, PARTIAL, RESIDENTIAL...45 TO 50 MINUTES	\$101.98	1-Apr-01
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE...WITH MED EVALUATION AND MGT SERVICES	\$108.88	1-Apr-01
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT, PARTIAL, RESIDENTIAL...75 TO 80 MINUTES	\$152.78	1-Apr-01
90822	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE...WITH MED EVALUATION AND MGT SERVICES	\$158.94	1-Apr-01
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE, INPATIENT, PARTIAL, RESIDENTIAL...25 TO 30 MINUTES	\$78.03	1-Apr-01
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE ...WITH MED EVALUATION AND MGT SERVICES	\$85.23	1-Apr-01
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE, INPATIENT, PARTIAL, RESIDENTIAL...45 TO 50 MINUTES	\$109.53	1-Apr-01
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE ...WITH MED EVALUATION AND MGT SERVICES	\$116.79	1-Apr-01
90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE, INPATIENT, PARTIAL, RESIDENTIAL...75 TO 80 MINUTES	\$155.17	1-Apr-01
90829	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE ...WITH MED EVALUATION AND MGT SERVICES	\$162.37	1-Apr-01
90845	PSYCHOANALYSIS	\$93.70	1-Apr-01
90846	FAMILY PSYCHOTHERAPY W/O PATIENT	\$98.21	1-Apr-01
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	\$116.46	1-Apr-01
90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	\$35.93	1-Apr-01
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	\$35.19	1-Apr-01
90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$37.15	1-Apr-01



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90862	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION	\$53.05	1-Apr-01
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM A	\$161.81	1-Apr-01
90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE	\$99.74	1-Apr-01
90871	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); MULTIPLE SEIZURES, PE	\$143.38	1-Apr-01
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING, WITH PSYCHOTHERAPY, 20-30 MINUTES	\$47.86	1-Jun-00
90876	INDIV PSYCHOPHYSIOLOGICAL THERAPY WITH BIOFEEDBACK , 45-50 MIN	\$74.51	1-Jun-00
90880	HYPNOTHERAPY	\$116.82	1-Apr-01
90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC PATIENT'S BEHALF	\$150.00	1-Jul-00
90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMET	\$34.00	1-Jul-00
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATI	\$64.06	1-Jun-00
90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR PR	\$64.54	1-Jun-00
90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	BR	1-Oct-82
96100	PSYCHOLOGICAL TESTING (INCLUDES PSYCHO-DIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYCHOPATHOLOGY...) WITH REPORT PER HOUR	\$72.62	1-Apr-01
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH ...) PER HOUR	\$72.62	1-Apr-01
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGU	\$71.00	1-Jul-00
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL,	\$72.62	1-Apr-01
96115	NEUROBEHAVIORIAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$72.62	1-Apr-01
96117	NEUROPSYCHOLOGICAL TESTING BATTERY (EG, HALSTEAD-REITAN, LURIA, WAIS-R) WITH INT	\$72.62	1-Apr-01
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$42.00	1-Jul-04
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT PROGRAM	\$9.00	1-Oct-03



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H0004	HOME, INDIVIDUAL BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES - POS 12, 31, 32, 33, 99	\$20.00	1-Oct-03
H0004 HR	OUT OF OFFICE, FAMILY BEHAVIORAL HEALTH COUNSELING AND THERAPY WITH CLIENT PRESENT, PER 15 MINUTES - POS 12, 99	\$23.00	1-Oct-03
H0004 HS	OUT OF OFFICE, FAMILY BEHAVIORAL HEALTH COUNSELING AND THERAPY WITHOUT CLIENT PRESENT, PER 15 MINUTES - POS 12, 99	\$23.00	1-Oct-03
H0004	OFFICE, INDIVIDUAL BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES - POS 11, 22, 50, 53, 72	\$18.00	1-Jul-02
H0004 HR	OFFICE, FAMILY BEHAVIORAL HEALTH COUNSELING AND THERAPY WITH CLIENT PRESENT, PER 15 MINUTES - POS 11, 22, 50, 53, 72	\$18.50	1-Oct-03
H0004 HS	OFFICE, FAMILY BEHAVIORAL HEALTH COUNSELING AND THERAPY WITHOUT CLIENT PRESENT, PER 15 MINUTES - 11, 22, 50, 53, 72	\$18.50	1-Oct-03
H0004 HQ	OFFICE, GROUP BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES - POS 11, 22, 31, 32, 33, 50, 53, 72, 99	\$6.00	1-Oct-03
H0018	BEHAVIORAL HEALTH, SHORT TERM RESIDENTIAL, PER DIEM	\$163.00	1-Jul-02
H0019	BEHAVIORAL HEALTH, LONG TERM RESIDENTIAL, PER DIEM	BR	1-Oct-03
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE	\$2.50	1-Oct-03
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH TARGET POPULATION TO AFFECT KNOWLEDGE, ATTITUDE	\$4.50	1-Oct-03
H0031	MENTAL HEALTH ASSESSMENT BY A NON-PHYSICIAN	\$42.00	15-Apr-04
H0034	MEDICATION TRAINING AND SUPPPORT, PER 15 MINUTES	\$2.25	1-Oct-03
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT DAY PROGRAM, FACE-TO-FACE, 15 MINUTES	\$5.50	1-Oct-03
H0036 TF	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT MEDICAL DAY PROGRAM, FACE-TO-FACE, PER 15 MINUTES, 3 to 6 HOURS	\$5.13	1-Oct-03
H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER DIEM - POS 53, 72, 99	\$131.50	1-Oct-03
H0037	HOME COMMUNITY PSYCHIATRIC SUPPORTIVE MEDICAL TREATMENT PROGRAM, PER DIEM - POS 12	BR	1-Oct-03



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H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$5.00	1-Oct-03
H0038 HQ	SELF-HELP/PEER SERVICES GROUP, PER 15 MINUTES	\$1.50	1-Oct-03
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION (Not covered after 05/31/04)	\$42.00	1-Oct-03
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$11.00	1-Oct-03
H2011	CRISIS INTERVENTION SERVICE PER 15 MINUTES	\$27.00	1-Oct-03
H2011 HT	CRISIS INTERVENTION SERVICE VIA 2 PERSON TEAM, PER 15 MINUTES	\$34.50	1-Oct-03
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	\$10.16	1-Oct-03
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$6.25	3-Oct-01
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	\$2.73	1-Oct-03
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	\$174.00	1-Oct-03
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	\$3.63	1-Oct-03
H2019	THERAPEUTIC BEHAVIORAL HEALTH SERVICES, PER 15 MINUTES	\$4.25	1-Oct-03
H2019 TF	THERAPEUTIC BEHAVIORAL SERVICES DAY PROGRAM PER 15 MINUTES UP TO 5 3/4 HOURS POS 53, 71, 72, 99	\$4.74	1-Oct-03
H2019 TF	HOME THERAPEUTIC BEHAVIORAL SERVICES DAY PROGRAM, PER 15 MINUTES, UP TO 5 3/4 HOURS POS 12	BR	1-Oct-03
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM POS 53, 71, 72, 99	\$103.00	1-Oct-03
H2020	HOME THERAPEUTIC BEHAVIORAL HEALTH DAY SERVICES, PER DIEM POS 12	BR	1-Oct-03
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$6.00	1-Oct-03
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	\$192.00	1-Oct-03
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$7.50	1-Oct-03
S0163	RISPERIDONE LONG ACTING INJECTABLE PER 12.5 mg DOSE	\$58.99	1-Apr-04
S5110	HOME-CARE TRAINING, FAMILY, PER 15 MINUTES	\$9.25	1-Oct-03
S5140	THERAPEUTIC FOSTER CARE, ADULT, PER DIEM PT A5 POS 12, 99	\$68.00	25-Jul-03
S5145	THERAPEUTIC FOSTER CARE, CHILD; PER DIEM	\$68.00	1-Oct-03
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE, PER 15 MINUTES	\$3.49	1-Oct-03



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S5150 HQ	GROUP UNSKILLED RESPITE CARE, NOT HOSPICE, PER 15 MINUTES	\$1.30	1-Oct-03
S5151	UNSKILLED RESPITE CARE, NOT HOSPICE, PER DIEM	\$167.71	1-Oct-03
S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICE, PER HOUR	\$53.00	1-Oct-03
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICE, PER DIEM	\$294.50	1-Oct-03
T1002	RN SERVICES, UP TO 15 MINUTES	\$17.00	1-Oct-03
T1003	LPN SERVICES, UP TO 15 MINUTES	\$13.35	1-Oct-03
T1016 HO	OFFICE CASE MANAGEMENT, BY BEHAVIORAL HEALTH PROFESSIONAL, EACH 15 MINUTES	\$20.00	1-Oct-03
T1016 HO	OUT OF OFFICE CASE MANAGEMENT BY BEHAVIORAL HEALTH PROFESSIONAL, EACH 15 MINUTES	\$23.00	1-Oct-03
T1016 HN	OFFICE CASE MANAGEMENT, EACH 15 MINUTES	\$7.50	1-Oct-03
T1016 HN	OUT OF OFFICE CASE MANAGEMENT, EACH 15 MINUTES	\$10.50	1-Oct-03
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL	\$5.00	1-Oct-03
T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NF	\$348.00	1-Oct-03